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TRANSMITTAL  
FORM

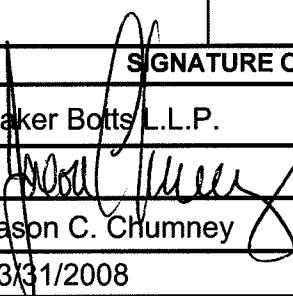
(to be used for all correspondence after initial filing)

	Application Number	10/537,217
	Filing Date	11/18/2005
	First Named Inventor	Tajimi
	Art Unit	1609
	Examiner Name	O'Dell, David K.
Total Number of Pages in This Submission	Attorney Docket Number	078503.0104

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Jason C. Chumney		
Date	03/31/2008	Reg. No.	54,781

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 250

<i>Complete if Known</i>	
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First Named Inventor	Tajimi
Examiner Name	O'Dell, David K.
Art Unit	1609
Attorney Docket No.	078503.0104

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit  
Account  
Number  
Deposit  
Account  
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	<input type="text"/> x 50 =	<input type="text"/> \$0
Independent Claims	<input type="text"/>	<input type="text"/> x 210 =	<input type="text"/> \$0
Multiple Dependent	<input type="text"/>	<input type="text"/> =	<input type="text"/> \$0
SUBTOTAL		<input type="text"/> \$0	

Fee Description	Large Entity	Small Entity
Claims in excess of 20	<input type="text"/> 50	<input type="text"/> 25
Independent claims in excess of 3	<input type="text"/> 210	<input type="text"/> 105
Multiple dependent claim, if not paid	<input type="text"/> 370	<input type="text"/> 185

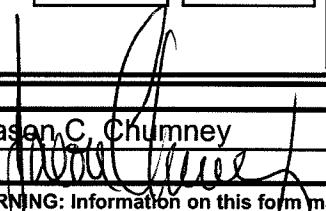
## FEE CALCULATION (continued)

### ADDITIONAL FEES

<input type="checkbox"/>	Surcharge - late oath or filing fee	<input type="text"/>
<input type="checkbox"/>	Non-English Specification	<input type="text"/>
<input checked="" type="checkbox"/>	Extension for reply within first month	\$120
<input type="checkbox"/>	Extension for reply within second month	<input type="text"/>
<input type="checkbox"/>	Extension for reply within third month	<input type="text"/>
<input type="checkbox"/>	Extension for reply within fourth month	<input type="text"/>
<input type="checkbox"/>	Extension for reply within fifth month	<input type="text"/>
<input type="checkbox"/>	Notice of Appeal	<input type="text"/>
<input type="checkbox"/>	Filing a brief in support of an appeal	<input type="text"/>
<input type="checkbox"/>	Petition to revive - unavoidable	<input type="text"/>
<input type="checkbox"/>	Petition to revive - unintentional	<input type="text"/>
<input type="checkbox"/>	Utility Issue Fee	<input type="text"/>
<input type="checkbox"/>	Design Issue Fee	<input type="text"/>
<input type="checkbox"/>	Publication Fee	<input type="text"/>
<input type="checkbox"/>	Petitions to the Commissioner	<input type="text"/>
<input type="checkbox"/>	Request for Continued Examination (RCE)	<input type="text"/>
<input type="checkbox"/>	Information Disclosure Statement (IDS)	<input type="text"/>
Other fee - Terminal Disclaimer		<input type="text"/> + <input type="text"/> \$130
SUBTOTAL		<input type="text"/> (\$ 250)

### SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Jason C. Chumney	Registration No. (Attorney/Agent)	54,781	Telephone	212-408-2500
Signature				Date	03/31/2008

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.